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ABSTRACT

This teaching guide is part of a series of materials developed, with input from adult learners, to aid adult literacy teachers in incorporating health education into the curriculum. This guide aims to help teachers to provide adult students with information about the variety of health care resources available, accessing these resources, and determining when to seek professional consultation. The guide provides the goals and objectives of the course and background information on many health-related topics: health; different types of health needs; sources of health care; primary care providers; choosing a provider, a hospital, and emergency care; specialized care; escalating health care costs; preventive health care; payment of health care costs; the rights of health care consumers; and tips on making the system work. The guide includes sample lessons, a glossary of key terms, and a resource list of toll-free telephone numbers, organizations and services, magazines and articles, and books. Six appendixes provide the following: summary of American Cancer Society recommendations, self-examinations, patient's bill of rights, the role of medical professionals, health care proxy, and state of New York offices of mental health. (KC)

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HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

*An Empowering
Approach.*

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Health Care Resources: You are the Consumer

TEACHER'S GUIDE

2

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**HEALTH
PROMOTION
FOR
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STUDENTS**

*An Empowering
Approach.*



**Health Care
Resources: You Are
the Consumer**

**The University of the
State of New York
The State Education Department
Office of Workforce Preparation
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Health Care Resources: You Are the Consumer

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HEALTH CARE RESOURCES: YOU ARE THE CONSUMER

Introduction

What is the first image that pops into your mind when you hear "health care"? There was a time when, typically and traditionally, many would envision a male doctor clad in a white coat, armed with a stethoscope, and offering a bottle of pills. In today's complex world, however, that image is being challenged by a variety of options for providers and for treatments. Amidst all of these options, how do we choose what's best for us? And, even more importantly, how do we access what we need?

This module, part of the *Health Education for Adult Literacy Students: An Empowering Approach* series, is specifically designed to answer these questions for adult education students. This guide, similar to the other modules in the series, provides you, the adult education provider, with background information, sample lessons, and student workbook with accompanying audiotape. Ideally, you will have all the materials you need to be able to introduce this very important topic to your students, either as a group or as an individual activity.

Goals and Objectives

The goal of this guide is to provide adult learners with information on the variety of health care resources available, accessing these resources, and determining when to seek professional consultation. Ideally, providing this type of health education will ultimately contribute to improved overall health of both your learners and their families.

Upon completion of this instruction, students will be able to:

- ◆ access the health care system.
- ◆ distinguish among appropriate levels of health care treatment, and select the most appropriate level for their needs.
- ◆ acknowledge the rights and responsibilities of patients and health care professionals.

- ◆ recognize that developing positive health behaviors and utilizing appropriate health care resources are the responsibility of each individual.
- ◆ identify locations and functions of health care resources in their community.

Background Information

First, a Look at Health

Before beginning to sort out the complexities of the health care system, it will be helpful to take a moment and explore the meaning of "health" itself, because each person's beliefs and expectations in this area will influence all of his or her subsequent health care experiences.

There are many views and definitions of health. *Webster's* includes these differing elements:

- ◆ freedom from physical disease or pain
- ◆ the general condition of the body
- ◆ the condition of being sound in mind, body, and spirit
- ◆ flourishing condition; well-being

Discussions on health abound today, from every conceivable angle. Not long ago health became an issue only when it was absent, when someone "took sick," or "got hurt," and the physical disease or pain referred to in *Webster's* seemed to arrive suddenly and uninvited.

Gradually, health became more and more to mean one's overall condition, even in the absence of illness, and began to receive more attention as an important issue that went beyond the physical aspects alone. There followed a rediscovered awareness that there were important connections between physical health and our thoughts and feelings, our environment at home and at work, and our personal spirituality and sense of self. More and more was heard about "treating the whole person" and "wholistic" (or "holistic") health.

There is an increasing emphasis in today's discussions about the last area on the *Webster's* list above: the notion not merely of the absence of disease or pain, but that health can be a positive and active state

of well-being, which is affected directly and primarily by a whole range of individual factors and actions.

Perhaps the most helpful view is that health is all of these things, a relative concept varying for each of us with who we are and what we experience and do over the course of a lifetime. Picturing a continuum line between extreme health and fitness and extreme illness with many possible points along the way is perhaps a helpful context for the lessons in this module. Learners can subsequently be helped to develop a picture of the specific factors, behaviors, and resources that correspond to those varying points of the continuum of health and wellness as a foundation for responding to their individual health care needs.

Personal Beliefs and Expectations about Health

Learners will bring a great variety of experiences and beliefs about health to the classroom. Some will have had extensive experience with self or family health issues here or in other countries, and be relatively sophisticated in their vocabulary and sense of personal needs and goals. Some will have had experience with other individuals caring for their health. Others will really be at square one, and inclined to be practically "at death's door" before even considering health issues because of the emotions triggered.

Each of us tends to deal with our health at the level of the familiar and comfortable. Some learners will see their health as resting in the care of another person's authority, be that a physician or family member or nurse or spiritual healer rooted in that person's culture of origin. Some will be eager to learn all they can to increase their confidence in addressing the health care needs of self and family. These issues are important because understanding, a personal sense of ownership, and some control are prime factors which support positive health.

These personal perspectives are also affected by the values found in the larger society, and by the tremendous evolutions in health care witnessed by the current generations. Advances in general prosperity earlier in this century brought accessibility of health care to more Americans than ever. Advances in science, like the development of antibiotics and

immunizations, brought quick fixes to previously fatal and common conditions. Later advances, like organ transplants, furthered the perception of health care as complex and nearly magical.

The accompanying increase in public information about each new discovery in health care helped to create generations who increasingly saw health as something outside themselves and more and more in the hands of the mighty and powerful physician and/or hospital. Health care became ever more sophisticated, with teams and large complexes replacing the familiar "G.P.," the family doctor who still made house calls. Over time, many people became less and less active in sorting out health care, relying more and more on institutions and the folks in the white coats to know what was best. The notion of intimate and personalized health care, responsive to individual needs, was increasingly replaced by a business approach with an eye on profits and volume, an increasing trend toward specialization, and an ever-growing awareness of liability.

Health care professionals have grown in number, diversity, and sophistication, and are challenging some traditional boundaries and turf issues amongst professionals. One such example is the long fought antitrust suit which the chiropractic profession has now won against the American Medical Association. As the circle continues to turn, we are now witnessing 1) a great public outcry about the costs, quality, and lack of access and responsiveness of the health care system, and 2) a rebirth of the individual's role as boss of his or her own health care.

Consumers are becoming more and more educated in the ins and outs of the system, their options and their rights as consumers, the fallibility of doctors and other professionals, and in challenging the myth of one's health resting in anyone else's hands. The very notion of "consumer" as applied to health care has helped to focus on the health care provider as one who works *for me*, paid to provide a professional service to address my needs and accountable to me in turn. There is a growing recognition that the relationship is in part based on the familiar business model of customer service, and in many ways best when experienced as a mutual partnership working to meet the needs of the patient.

Different Types of Health Needs

Health needs are in the eye of the beholder. This module can serve to broaden learners' sense of needs in a way that promotes active involvement in the health of themselves and family members, resulting in a greater sense of well-being. It will also help to lay the foundation and framework for understanding health care, as it provides the basis for learners to begin sorting out where to go for what services, which follows next in this module.

There are a variety of ways of thinking about and grouping health care needs. Some think in terms of particular conditions, like cancer or glaucoma; others might think in terms of particular populations, like children, senior citizens, or pregnant women. In fact, there are so many ways of "slicing the pie" that it can be overwhelming and very confusing. This may lead people to get inadequate or fragmented care, or to avoid care altogether except in emergencies.

One simple way of thinking about health needs is found in the definitions of prevention. There are three levels in the prevention model:

Primary prevention includes the issues, information, and resources to meet basic needs when there is *no* particular problem present. This can include things like regular checkups, children's immunizations, breast or skin self-examination, and active self-care like exercise, nutrition, and health education. Important areas could also include prenatal care to promote healthy babies, well-baby care, and regular dental checkups and cleaning. This first level has everything to do with building the foundations of lifelong health and promoting active self-care early.

Secondary prevention involves those instances where beginnings of a health problem exist, or those people who might be at risk for a problem because of personal or family characteristics. (Although there may be some overlap with the first level, the general concept is useful.) This second level could include things like the beginnings of allergies, minor infections, or prevention work with children whose parents have been identified as addicted to alcohol or other drugs. Filling dental cavities, helping with recovery from a minor back strain, testing vision through annual eye examinations, providing assistance to quit smoking, screening for sickle cell or

hemophilia when indicated by family history, or taking steps to control high blood pressure may all be considered secondary preventive actions. The main focus of this level is early identification and correction of any existing issue so that it does not have the chance to develop or worsen. Typically, this second level combines some level of professional help with self-care.

Tertiary prevention, often synonymous with "treatment," usually involves a significant level of professional help for an identified, existing problem. This may include things like major heart attacks, appendicitis, strokes, or any of a variety of sudden or chronic illnesses or disabilities like diabetes, schizophrenia, or chronic pain. Additional important areas may be treatment for alcohol or other drug addiction, surgery or chemotherapy for cancer, physical rehabilitation following injury or stroke, or final respite hospice care. The main focus of tertiary prevention is treatment of conditions to either:

- ◆ effect a cure wherever possible,
- ◆ control the progress of a disease,
- ◆ provide rehabilitation and recovery to the extent possible, or
- ◆ when recovery is not possible, provide the most humane and supportive care to reduce pain and improve comfort.

Picturing the idea of three basic levels in this way can help make the task of sorting out health care more manageable and natural. It builds on the notion of a continuum, which involves an active role for the learner in partnership with health care professionals, as well as introduces the context of prevention throughout the period sometimes referred to as "womb to tomb." It also helps to set the stage for more effective use of the health care system, so that learners can receive earlier, better, calmer, and more appropriate care than is available in the naturally more crisis-oriented and over-burdened places such as hospital emergency rooms.

Sources of Care for Your Health Needs

It's helpful to think about sources of care in the context of the types and levels of health need discussed above. Care is available through a host of individu-

als, groups of individuals, organizations, and facilities, all of which represent a variety of types of professional training, skill, level of service, philosophy, and style.

For the most part, health care in New York State is provided by professionals licensed, registered, or certified to practice by the State Education Department, or persons under supervision of such regulated professions. Additionally, health care organizations are required to meet a variety of standards, which are regulated or overseen by the Health Department or other state agencies. Usually, care is provided under the guidance of a physician, a doctor of medicine (MD) or osteopathy (DO) or chiropractic (DC). Increasingly, other professionals such as nurse practitioners and physicians assistants directly provide much of the "primary" and even "secondary" levels of care described earlier.

This module, while giving you a great deal of valuable information and help with health care, could go on for hundreds of pages and still not tell you *everything* you might want or need to know about the details of the entire health care system. The system is too large, too varied, and too fluid (often in response to new developments in science and funding) to be pinned down in lasting stone.

Therefore, *the single best thing you can do* to protect your needs, arrange for appropriate quality care, and make the system more manageable and responsive for you is to find and choose a primary provider of health care that *you trust*.

About Primary Care Providers

A solid primary care provider to address your primary and most secondary health care needs serves as an anchor in the health care system. It also allows you to obtain materials, ask questions, and get advice or referrals from a person or organization that you have already determined to be knowledgeable of both health care content and procedure.

Equally as important, the primary care provider knows you, your health care history, and your health needs. The relationship you build with your primary care provider can diminish fears, prevent problems associated with fragmented or even conflicting

health care from a mix of sources, and serve as your main contact point with the system. In addition, your primary care provider provides a central location for all of your health records, and those of family members, so that they're available for immediate consultation. Beyond giving you a human place to go "eyeball to eyeball," it increases your chances of being greeted and treated more as an individual person (or family) and less like a "number" than when running from provider to provider. It also means that you have that individual, or that staff, to act as your advocate with other parts of the health care network, including insurers. It won't solve everything, but it's the next best thing.

Your choice of a primary care provider will be based on a variety of factors, including where you live, transportation, hours of availability, cost and coverage accepted, your personal preferences for large or small outfits, language, background, reputation and "bedside manner" of the service provider(s). Some people choose a primary provider based on the kind of care they most often seek. For instance, some women rely on their gynecologist for primary care. Others are happy with a team in a local clinic because it also provides good prenatal care and pediatricians.

A primary provider should be a solid resource in general health care issues with enough experience to be well-established as a professional. Providers do not provide care beyond their particular training, do make clear their limits, and are comfortable with referring you to other professionals and facilities. The primary provider serves as your partner and guide in coordinating your health care, and can spell the difference between chaos and comfort time after time.

Options for Getting Primary Health Care

The following section defines and explains traditional sources of primary health care: physicians in private practice, ambulatory care facilities, and the hospital.

Physicians in private practice

This is a common health care setting which includes both solo and group practice, the former practice being the more popular of the two.

Solo practice. Solo practice increases the consistency of health care provided to a patient. The setting is usually pleasant, friendly, and less bureaucratic. If a good practitioner is chosen, referrals to other good specialists may be made. However, there are disadvantages to the traditional provider. There are limited laboratory facilities available, and the patient may have to go elsewhere for these services. After-hours coverage may be less satisfactory, and one must be extremely careful to choose a good physician.

Physicians in group practice. In group practice, health care providers work together, sharing staff, patients, records, expenses, and so on. The physicians share care responsibilities, leading, for example, to 24-hour on-call services. More specialized persons can be hired. More equipment, services, and tests can be utilized. There may be more comprehensive care because records are shared among physicians.

Disadvantages of group practices may include a feeling of a loss of personal care. Because of the other members of the group, physicians may overrefer patients to their group members rather than to other professionals or facilities. They may also overuse services, such as the laboratory, because of the ease and financial reward of such referral. Laboratory and test charges can be higher when done in physician-owned settings. New physicians in a group may leave after a couple of years, forcing patients to choose another physician or practice.

Ambulatory care

Ambulatory care services are services that incorporate day-to-day care, which is a major point of contact with the health care system for most people. Most physicians see their patients in these types of facilities, which include physicians' offices, walk-in medical clinics, outpatient hospital clinics, publicly funded clinics, and dentists' offices. It is important as a consumer to understand these services and use them in a way that serves the consumer's best interests.

Clinics. Clinics can be freestanding (not attached to a hospital or other institution); part of a hospital; or a privately owned physician business that highlights the availability of walk-in, no appointment service, and some form of urgent care. They may be operated with public funds, by a nonprofit organization with

an expressed mission to provide low cost health care to those in need, or for profit. Be sure to check the status of the facility as it will affect your access, cost, and level of care.

A traditional clinic has a variety of staff that provides services, often including counseling, social work, and health education activities, in addition to prenatal care and the like. Some clinics will be attached to, or affiliated with, a similar clinic focusing on dental care (including prevention, hygiene, and treatment). The same may be true of services for eye care, including vision exams, screening for glaucoma and cataracts, and corrective lenses.

Health Maintenance Organizations (HMOs)

Usually found in or near larger urban areas, prepaid group practices (also known as HMOs):

- ◆ receive one set fee per month.
- ◆ provide many of the health services a patient needs directly, often including dental and eye care, and
- ◆ have specific contracts with other providers and facilities.

Physicians are often on salary, and the hospital is owned by, or under contract to, the HMO. A modification of the HMO is the IPA (Independent Practice Association). It still has the advantage of prepayment, but contracts with community physicians and other health care professionals. Members have a list of approved providers from which to choose.

HMOs often provide a wider range of services, utilize a number of community providers, and place a growing emphasis on preventive care to hold overall health costs down. Disadvantages can include limits on care or restriction on other options than those specifically under contract. With HMOs, there can be a larger bureaucratic structure to negotiate. As a rapidly growing system that attracts more new professionals, staff turnover rates may also be a factor.

Hospitals

The hospital is the most visible of health care facilities for two reasons: 1) it is one of the major employers of the country, and 2) on the average, one-tenth of Americans are hospitalized each year. Hospitals account for approximately 40 percent of all health care expenditures, and are the major focus of our

nation's biomedical and technological progress. Many hospitals are expanding beyond the traditional focus by adding special services such as ambulatory care, home health care, and so on. The four major types of hospitals are listed below.

The *specialized hospital* is generally first-class care for very specific diseases or complex problems, such as cancer.

The *general nonprofit community hospital* is the most common type of hospital in the United States. It offers a wide array of services - inpatient as well as outpatient.

The *government hospital* is usually operated for specific groups in our society, such as military veterans. Government hospitals may be either locally, state, or federally owned and operated. Probably the most familiar government hospital is the Veterans Administration system, which operates over 150 hospitals.

The *for-profit hospital* is rising in popularity, and may be affiliated with a multihospital system. Multihospital systems are ones which incorporate two or more hospitals under a centralized management structure. For-profit hospitals provide generally good quality care, but may not offer very expensive services (such as burn care) or all the services a community needs.

How to Choose...

... Your provider

Clearly, you will want someone with training and experience in dealing with your particular health need(s). You should be able to determine this by the posted credentials (degrees, licenses, specialty certifications, etc.) of the person or institution, "word-of-mouth" advertising from past clients you speak with, the recommendations of other professionals you know and trust, and your own comfort and intuitive judgement in your dealings with that professional. Having access to a variety of professionals in one place is thought by some to be an advantage in case of staff changes or of more complex health care needs. It can also make good sense if care is sought for a number of different family members. If language is a potential barrier, be sure to ask whether the provider is bilingual.

In choosing your primary care provider, it is wise to consider your wishes in the event of a future need

for emergency or specialized care. If you already have a connection with, or preference for, one particular hospital, you would choose a provider who at least regularly deals with that hospital. If you have no hospital preference, your primary provider can help you decide what hospital would be preferred in the event of emergency care. It is most important and wise to sort this out in advance, as it will make an actual emergency easier to handle.

... A hospital

As noted above, different hospitals serve different purposes. Unless suffering from a very specialized or complex problem, you will probably find the treatment you need in one of your local community hospitals. Remember that you, the consumer, have the right to select a hospital suited to your needs, likes, and dislikes. Here are some guidelines to follow in your selection of a hospital.

- ◆ *Physician's advice.* It is better to choose a hospital where your physician is an active member of the medical staff, so that s/he will be able to intervene on your behalf as necessary. You can go to the hospital without the advice of a physician when first receiving care from the emergency room or as an outpatient. If there is a subsequent need to be hospitalized, however, you will be assigned a hospital physician or referred to a community physician or medical staff.

Because of competition for patients among hospitals, more highly qualified physicians (who will probably bring patient references with them) are given privileges to practice within a given hospital. Hospitals carefully examine credentials when considering a physician for privileges. Therefore, if a physician has privileges in a good hospital in his/her specialty, it is generally assumed that the physician is good. Poor quality physicians have difficulty obtaining privileges in good hospitals. Conversely, poor quality hospitals have difficulty attracting good quality physicians.

- ◆ *Overall reputation.* Discuss the hospital with your friends and family. It would be even more helpful if you could talk to a friend on the staff of the hospital. Those hospitals affiliated with a medical school usually have a high quality of care. One has to be aware, however, that there may be extra exams and that care may be given by med-

ical interns and residents. A hospital with a residency program is also an indicator of quality as these hospitals have to be reviewed by national organizations.

- ◆ *Reputation for your specific need.* Care is often better in a hospital where the specific procedure or service you require is performed in quantity. Thus, it is important to investigate a hospital according to your specific need.
- ◆ *Insurance/health plan coverage.* It is best to confirm that your hospital of choice accepts the insurance coverage to which you subscribe before an unexpected trip to the hospital is necessary. If the hospital does not participate in your insurance program, you will be responsible for all, or at least part of, a potentially expensive bill.
- ◆ *Size.* Small hospitals, both rural and urban, are often key community resources. The strength of the small hospital is in providing local routine care. However, small hospitals may have limited capabilities in terms of complex care, as they face greater difficulty finding resources to update technology. Rural small hospitals may also be at a disadvantage if their out-of-the-way locations do not attract hospital personnel.
- ◆ *Personal inspection.* You should visit any hospital you are considering to confirm your comfort with its staff, cleanliness, and overall environment. Look also for accreditations, which are typically posted in the main lobby of the facility. All hospitals have to be licensed to operate by the state, but accreditation is national and voluntary. However, since accreditation is very easy to get, a hospital without it is suspicious.

Spending any length of time at a hospital is very serious. As with any major purchase, it should be one that is very carefully considered in all respects: quality of care, physician, payment, and services provided. With the wide variety of health care organizations available, it is wise to shop around. Hospitals, competing for your consumer dollars, should be selected carefully according to your special needs and desires.

... *An emergency care provider*

Emergency health care is probably the type to which most people automatically relate. It is also often the most stressful due to its sometimes abrupt onset and

potential to disrupt everyday life. Emergency health care is necessary when a condition, either physical, emotional, or mental, demands immediate attention so that the patient or victim can continue usual functioning, or even continue to survive. Examples include setting broken bones, counseling a survivor of a suicide attempt, tending burns, and treating symptoms of viral and bacterial infections. Emergency health care is sought after an individual is already ill or wounded, such as instances of chest pain or shortness of breath, head injury, or significant bleeding.

Your choice of a provider for emergency care depends on, of course, where the emergency occurs, as well as your type of health coverage, if any. For instance, with the HMO type coverage, care other than immediate measures to save life typically has to be specifically done or authorized by one of the HMO's own doctors. Otherwise, it either will not be done or be billed to you directly.

It's important to explore in advance, before any emergency exists, what emergency care is available through your primary provider, and what steps you should take in event of a health emergency. Some primary care providers will include emergency care. Other times a trip to a local hospital emergency department is necessary. It makes sense to determine whether or not an ambulance might be used (if so, which one) and to be clear on what number to call. Being a patient can be frightening. Perhaps the only tougher situation is when the patient is your child or your spouse. The less any of us has to figure out in the middle of a crisis, the better, and some advance planning with your primary care provider and family members can make all the difference.

Specialized Care

There are a variety of health care professionals, facilities, and related organizations available to meet more specialized health needs or to treat specific conditions. Again, your primary provider, as well as friends and family, can be of great help in sorting out the options in a particular area and in making recommendations and referrals to you.

If you need a specific kind of service or have a particular health problem, it can also be helpful to just ask around. You will often find a number of people

who have had a similar need, and can learn from their experiences and feel supported at the same time. A word of caution, however: their experience is not necessarily what yours will be, and their information may be well-intended but inaccurate. Nothing replaces your own sense, especially in partnership with your primary provider, and the reading and other research you, yourself, can do.

Some examples of specialized care, in addition to the individuals and hospitals referred to above, are described below.

Specialist professionals

There are some health care professionals with additional training in a particular area that prepares them for practice. Examples include: surgeons, psychiatrists, nurse midwives and nurse practitioners, internists (specialists in internal medicine), pediatricians, obstetricians, etc. In addition to basic professional preparation, these individuals have met additional standards and training, with either special licensure or certification by the state or national board in that specialty area. A look at the yellow pages of the phone book can help as a beginning, followed up by contacting your county medical society for specifics.

Some professions deal with particular kinds of approaches, such as those used by chiropractors (doctors of chiropractic medicine), who address health care needs in the context of the central nervous system and the body's skeletal structure. Licensed physical therapists are another example.

A particularly helpful specialist can be the pharmacist who, by training and experience, can help explain medications and dosages, side effects and any combinations to be avoided with particular foods, and other medications. If your doctor allows, your pharmacist can substitute equal no-name brand versions of your medicine, resulting in extra savings for you. It's a good idea to have a primary, regular pharmacist too, to keep track of things. Note that medications can sometimes be significantly less expensive in more affluent neighborhoods, so it might be worth a phone call and a little extra travel.

Home care

Increasingly, there is an emphasis on health care in the home, which either allows individuals to remain

at home and out of facilities longer, or which allows individuals to leave hospitals for home earlier. Care is typically provided by a registered professional nurse (RN) or by a licensed practical nurse (LPN) and certified home health aide (CHHA) working under the supervision of an RN.

Care may be available through the hospital itself or through public and private agencies in the community, such as the Visiting Nurse Association. Cost is a real factor, and more forms of coverage are beginning to allow for home care on the orders of the treating physician.

Long-term care facilities

There are a variety of inpatient facilities that provide long-term care for persons unable to be outside facilities because of health needs or inability to care for themselves. This category encompasses domiciliary care and semiskilled/skilled nursing facilities (typically thought of in the context of nursing homes and services for the aging, although a variety of patients is served). Physician involvement is key, and the range of options varies with where you live. Your primary provider will be aware of agency standards, admission criteria, and facility reputation, and can help sort out what might best address your needs.

Hospice care

Hospice care focuses on the physical and emotional health needs of patients who are suffering from terminal illness, and the related needs of the patients' families and significant others. While growing in number, hospice care is not yet universally available. Hospice services may be inpatient, outpatient through home care visits, or both, and often are a source of education and support for caregivers and those in the grieving process.

Mental health care

As with other specialized services mentioned above, mental health services are provided by an array of individuals and organizations. They are available as outpatient, emergency, and inpatient, either short- or long-term. They may be publicly operated by the state, community-based, or private for profit. The services vary with level of need and type of facility, and may include psychiatric treatment, nursing care, social work, and counseling. Checking both professional and agency certifications and licenses, along with fees and expectations about patient involvement

and types of treatment used, is wise. Your local mental health association, or county department of mental health (sometimes part of the local health department) can help with suggestions. For a list of New York State mental health offices, see Appendix F.

Prevention and care for alcohol and drug problems

The interest expressed by adult literacy students in this topic was so great that it is addressed in an independent module in this series. You will find a wealth of helpful information and resources about care for alcohol and drug problems in that module.

Health care advocacy and support organizations

Much has been said about organized health care, and the professionals and programs within it. An area of as much help is filled by a wide range of organizations committed to providing public information, research, and advocacy for particular conditions or diseases. Often, these organizations have been at the leading edge of change and improvement in the health care system, and include groups such as: the American Cancer Society; The Association for Retarded Citizens; the March of Dimes; the American Heart Association; and many, many others.

There are a host of organizations started by patients and family because of the gaps in the health care those people needed. Their newsletters, pamphlets and meetings can be an invaluable support to patients and families who are feeling alone. Both word of mouth amongst other people with the same condition and a visit to the phone book under the name of the condition and associations is helpful. There are many support groups in existence for a variety of conditions. Examples include: local chapters of support provided by ALSA (*Amyotrophic Lateral Sclerosis Association*, more commonly known as Lou Gehrig's Disease); *Reach to Recovery*, a program operated by the American Cancer Society for women facing breast surgery as a result of cancer; the AIDS Council; and support groups offered through the *Sickle Cell Disease Foundation of Greater New York*. Your primary provider may well know about an organization that can help you, so asking him/her is a good start.

Escalating Health Care Costs

Health care costs, whether preventive or emergency,

have been continually spiraling upward over the last decade. The problem of providing adequate health care accessible to everyone, regardless of socioeconomic status, is appearing more and more frequently as a front-page issue. Whether undergoing major surgery, or simply providing the basic immunizations to your family, financing health care is rapidly becoming a nightmare for more and more people. These fears are justifiable when we consider that, during one decade (December 1979 to December 1989), the cost of hospital rooms went up 161.9 percent, prescription drugs increased 151.1 percent, and physicians' services leapt by 114.4 percent (Bureau of Labor Statistics)!

The staggering cost of medical services is further complicated by the lack of health care insurance. It is estimated that as many as 35 million Americans are not covered by any form of health insurance (Louis Harris, 1992). Even for those individuals fortunate enough to have coverage, costs are not necessarily at a standstill. According to a 1989 survey, almost half (43 percent) of employer-sponsored health insurance plans have individual deductibles of \$200 or more. By comparison, in 1986, only 25 percent of the plans sponsored by employers carried deductibles that high. (Research by A. Foster Higgins)

With health care costs so high, how can we care for the needs of ourselves and our families? One way to help alleviate the overburdened health care system is to reduce our number of unnecessary trips to the incorrect health care provider. Having a primary health care provider is a major, important step along that road. There are other specific things we can do to keep our health costs down, while helping ourselves to the best health we can.

Keeping Your Health Up and Your Costs Down: Preventive Health Care and Self-Care

It has been reported that as many as 70 percent of hospital patients could have avoided being admitted to the hospital if they had followed some simple preventive measures. The following steps can be used as guidelines to help avoid illness or injury.

Physicals and checkups

It is recommended that healthy adults between the ages of 16 and 35 have medical checkups approxi-

mately once every two years. Ordinarily, the remote chance of discovering a problem and the expense involved does not justify more frequent checkups for this age-group. Different age groups, however, do have different needs. Children should be examined once or twice per year. Adults, between the ages of 35 and 40, should begin annual physical exams. Dental exams should begin before school years, with annual or semiannual cleaning as recommended by your dentist. Eye exams should also be conducted every year by an optometrist (doctor of optometry) or an ophthalmologist (doctor of medicine trained as an eye specialist). A simple way to keep track of checkups is posting them with other commitments on a centrally located family calendar, perhaps on the refrigerator.

There are some checkups everyone should undergo on a regular basis. See Appendix A for guidelines from the American Cancer Society. If you choose to visit a health professional only when absolutely necessary, you might consider having an initial checkup simply to determine your body's "normal" performance. This policy, however, is not recommended for individuals who suffer from a chronic disease or condition, such as diabetes.

Normal functioning

The key to preventive medicine is knowing your body and its normal functioning. Once you have established a sense of the normal performance of your body, be attentive to any unusual or unexplainable behaviors, which may be a signal to a problem. Seek out an explanation for the unusual behavior before it worsens.

You can maintain a continual assessment of your health by periodically answering these questions:*

- Foods:** Are there any that make you sick or feel uncomfortable? Are you reacting out of the ordinary to any foods?
- Weight:** What is your average weight? Do you gain or lose easily? Have you unexplainably lost or gained 10 or more pounds?

Sleep: How many hours of sleep do you need to feel comfortable? Do you feel fatigued or need more sleep than usual? Have you been experiencing disruptive sleep patterns: waking frequently or tossing and turning?

Stress: When you are under stress, what part(s) of your body causes problems?

Resistance to infection: Do you have a high resistance to infection, or do you catch every cold that comes along? Do you frequently have a mild cold? Have you been unable to shake a cold?

Allergies: Do you have allergies? If so, how do they affect you? Have you ever had a bad reaction to medicine?

Realize that there are many differences between people, so what may be normal for you may not be so for your friend or your child. If a condition develops that can be cared for by "Mother Knowledge" it may not be appropriate, or even necessary, to visit a health professional. Knowing what is normal for your body and what is not can save time, money, trips to the doctor, and anxiety.

Self-examinations

There are several self-examinations you should practice regularly as part of your preventive health regimen. Please review the following chart for those examinations appropriate for your sex and age group. (For additional information on the correct procedures for these examinations, please see Appendix B.)

Examination	Sex and Age	Frequency
Breast	F and M	
Self-Examination	20 and over	Every month
Testicle	M	
Self-Examination	15 and over	Every month
Skin	F and M	
Self-Examination	18 and over	Every month

*Adapted from "A Guide to the American Health Care System" in *Life Skills Education* by J. R. Johnson

Daily habits

In addition to actual examinations of your body, there are also some general habits you should get into on a daily basis to reduce your chances of injury and disease.

A. *A wholesome diet* is invaluable to maintaining your good health. You should eat in moderation, and avoid foods that are high in saturated fat, cholesterol, salt, and sugar. Try to balance a wide variety of nutritious food, such as whole grain products, fruits, and vegetables. (For more information on nutrition, see the module of this series entitled, "Nutrition: Eating for Better Health.")

B. *Adequate sleep* is necessary for premium functioning of your body, both physically and mentally. Most adults require an average of eight hours of sleep for good health. Remember, however, that each person is unique and it's okay if you need more or less amounts of sleep to feel alert. Try to maintain consistent sleeping hours to avoid insomnia.

C. *Exercise* will help promote good health by improving your cardiovascular system. It is important to tailor an exercise program specifically to your needs and abilities. The average, healthy adult should exercise at least three times per week for thirty minutes each session. Anyone embarking on an exercise program should consult his/her health professional before beginning. (For more information on physical fitness, see the module of this series entitled, "Exercise: Benefits for Body and Mind.")

D. *Alcohol and/or drug use* should be kept at a minimum, if there is use at all. These substances can be health threatening: alcohol-related fatalities on our highways and the documented effects of drug abuse on fetuses are just two examples of the danger of abusing alcohol and/or drugs. If you do use drugs, cut down your chance of contracting the HIV virus by refusing to share needles with anyone and cleaning your needles with bleach.

E. *Safer sex*, or abstinence, is paramount to reducing your chances of becoming infected with sexually transmitted disease, including AIDS. Abstinence is obviously the safest way to avoid becoming infected with sexually transmitted diseases. If you are sexually active, reduce the risk for yourself and your partner by using condoms. (For additional information

on safer sex, please see "HIV Education for Adult Literacy Students.")

F. *Safety devices and/or procedures* on the job, at home, and in the car should be utilized. For example, if every front seat occupant buckled up, an estimated 15,275 deaths and several hundred thousand injuries could have been prevented¹. A surprisingly effective safety tool is to simply allow enough time in your planning and trips, and to take a moment to catch your breath before handling the next "priority"; feeling rushed can be an accident begging to happen.

G. *Improved dental practices* have eliminated the necessity of dentures for everyone. Brushing your teeth with a recommended paste and brush at least once a day (morning, bedtime, and after meals is best) and daily flossing, combined with regular professional cleaning, can prevent ever needing dentures, and can save that lifelong comfortable smile too. The dental hygienist at the dentist's office will gladly show you the specifics of personal dental care, and often can provide some free supplies. Generally, two dental checkups per year are recommended.

H. *A positive outlook* on life will help support both physical and mental health. Identify your sources of stress, and plan a method for alleviating, or eliminating those sources. It also helps to talk things over with a friend or in a support group, so that what's troubling you does not fester inside of you. Research is just beginning to reveal the powerful connection between emotions, mind, and body. It helps to make this an area of daily review as well.

Nontraditional health care and prevention

After a long emphasis on physicians, drugs, surgery, and other powers outside of the patient, preventive health care has at last entered the discussions of the "traditional" circles of care in organized medicine. Preventive health has as its center a person informed and active in building maximum self-health, aided by other resources and practitioners as necessary and desired.

Preventive medicine can include techniques that some individuals consider unusual. For example, yoga has been cited by many adherents of this relaxation method as the primary reason they remain healthy. Or, you may want to investigate the connection between the foods you eat and how you feel. Perhaps it will help you to supplement your diet with

¹Statistics courtesy of the Governor's Traffic Safety Committee

vitamins, or avoid certain foods altogether, or pursue a special diet such as vegetarianism. A strong possibility exists that you may even be allergic to certain foods.

Be open to "new-age" nontraditional ways of practicing preventive health care. For many learners, such wisdom may be well-rooted in their cultures of origin, which may be an interesting topic for those whose experience has centered on the types of institutionalized western medicine most often found in the U.S. You may find a local natural foods store or bookstore that serves as an information exchange on a variety of specific approaches, from herbs to hypnosis, massage to nutritional supplements, and acupuncture/acupressure to relaxation/stress management. Some sites will include bulletin boards, while others may display a variety of newsletters on the subject of your interest, and may even be aware of upcoming classes.

The same tips described earlier apply to evaluating these health care options as well. Be aware that such "alternative" approaches may not be covered by your insurance, and may or may not be favorably received by your primary health care provider. Sometimes your experience helps educate more "traditional" providers; other times you will find your primary provider makes use of less traditional approaches too.

A good rule of thumb to adhere to is that for most people, moderation is the key; do not "overdo." Take the time to determine what is best for you to achieve and maintain your maximum feelings of good health, and be faithful to those practices. The importance of positive health behaviors can not be overestimated. And, in relation to health care, "An ounce of prevention is worth (at least) a pound of cure!"

Payment of Health Care Costs

As there is great variety in health services, so too there is in payment options for health care costs. The escalation in health care costs, and the lack of health care insurance for so many Americans referenced above, are making news daily. It has become even more important for consumers to utilize all the health maintenance and illness prevention strategies

they can, in addition to becoming active and informed in obtaining, evaluating, and using health care coverage from whatever source.

While one could pay cash out of pocket to cover health care, it's the rare person indeed who is so well off. The vast majority of persons seek health care coverage which will provide some level of care, either directly or through reimbursement back to the consumer. While there is another module in this series which specifically addresses health care insurance in great detail, this section will highlight some options to explore.

Most health care coverage in this country falls into two general categories: coverage which stems from one's status as an employee, or coverage which is attached to a government benefit or associated with a particular entitlement status. Clearly there is also the option of privately purchased insurance coverage, which is sometimes used to supplement one of the above when one has the funds to do so.

Health coverage related to employment

Clearly, not all employers offer health insurance as an employment benefit. Some do, but may require significant waiting periods before coverage begins for an employee. Significant numbers of employers, whether companies or unions, offer some form of coverage, and employers may pay all or a part of coverage. Some will pick up coverage for the individual employee, and the employee would pay the remainder for his/her family.

Typically, health coverage through one's employer involves membership in one of possibly a number of choices of group health plans. Coverage may be a commercial policy through a private insurance company; through a nonprofit provider such as Blue Cross or Blue Shield; or through a Health Maintenance Organization (HMO) or Independent Practice Agreement (IPA). The coverage might either provide care directly, or pay physicians and other providers directly for approved care after the consumer has paid some deductible amount, or reimburse the consumer for approved care some time after the consumer has paid some or all bills.

It's very important to carefully review the types of coverage available, especially the fine print, before choosing an option and again before seeking care. It is

wise to choose coverage based on the current health needs of you, and your family, plus those health needs you can reasonably expect in the future. For instance, if you are an insulin-dependent diabetic, you would pay careful attention to coverage for insulin, syringes, and any restrictions about "preexisting disability." If you have a number of young children, or expect to, you would pay careful attention to prenatal, obstetrical and well-baby care service or coverage, and routine care through all the usual childhood illnesses and scrapes. Any coverage ought to include provisions for comprehensive care, and for the event of catastrophic illness or injury, especially important if hospitalization and specialized care are needed.

In these days of cutting back on health care costs, increasing numbers of employers are reducing or eliminating their contribution to coverage costs. It's important to check what "riders" and restrictions exist before choosing or using the coverage, so your needs are met in the best way possible with the least direct cost out of your pocket. Your employer should have information on hand about any plans they offer. Insurance providers eager for customers have additional information, and often schedule presentations during which a representative sells their offering. Take time to review the information, and ask any questions you have. If there is other health coverage in the family, see which would cover what and choose a balanced combination.

In any event, expect all kinds of paperwork, and make a point of working through the staff at your primary health care provider. They know the system, and have a stake in your care getting covered smoothly. In the event of a disagreement on reimbursement or coverage, insist on being told about, and using, the appeals process with the insurance provider. It usually has a number of levels, and in effect encourages dissatisfied consumers to give up and give in. Don't! Work with your provider, and the State Insurance Department if necessary, to get results. Do make it a habit to get and keep copies of all bills and correspondence related to your claim.

Finally, an employment-related point of importance in the event you have health coverage through work and become unemployed is the Federal Comprehensive Omnibus Reconciliation Act of 1986 (COBRA). COBRA calls for employers to make available for

purchase by the newly unemployed former employees the option of continued same health coverage for 18 months. Your employer must have information on this option immediately upon any decision of theirs to end your employment. If you have difficulty in this area, contact your local office of the State Department of Labor for information. (See the blue pages of phone listings, under "labor.")

Health coverage related to government benefit/entitlement

The laws of the nation and of the states provide for benefits to persons in particular circumstances or conditions. These people are then said to be "entitled" to certain benefits under the law as long as the condition or circumstances exist and the other relevant criteria of a given law are met. In each case, it is important to carry one's authorization card, as care may be unavailable without it. Specific questions about the details of coverage and eligibility criteria are best directed to the source of the coverage, as indicated in the highlights below.

The two most visible examples related to health care are Medicare and Medicaid.

Medicaid is a program run by the states to provide medical care coverage to persons with low income and resources, who meet the means tests for eligibility. Persons do not have to be on public assistance to qualify, so it helps to check on current income guidelines. Medicaid is administered by New York State directly, and any questions that cannot be addressed by your primary provider should be directed to your county department of Social Service (see the blue pages of the phone book under local or county, then under social services).

Medicare is a Federal program which provides certain medical care coverage to persons who are drawing Social Security benefits. There are no other means tests (i.e., no income requirements). Medicare is administered by the Social Security Administration, and any questions that cannot be addressed by your primary provider should be directed to your nearest SSA office (see the blue pages of the phone book listing under Federal, Social Security).

Veterans of U.S. Military service, along with active duty military personnel and their dependents, may

be eligible for direct health care at Veterans Administration hospitals and medical centers. Such persons may qualify for pension benefits as well, depending on whether there is a service-connected disability, and its extent. Questions about care and benefits can be directed to the Veterans Administration, a local Veterans Outreach Center, or the nearest Veterans Administration hospital.

Fees based on ability to pay

Some health care providers, notably public and not-for-profit clinics and hospitals, make care available based on the consumer's ability to pay, and do not refuse care to those who are unable to pay. Such facilities may have a "sliding scale" in effect for fees, where fees range from no or very minimal cost upwards, based on the client's income and coverage. Providers will often actively assist persons to sign up for benefits they may not have realized they were eligible for, and provide assistance with forms and navigating the system. Certain facilities, such as public hospital emergency rooms, are not permitted by law to turn away persons in need of care. Any health care professional must intervene in a life threatening emergency, without regard to patient's ability to pay.

The Rights of Health Care Consumers

With an ever more educated consumer, pressure has increased on health care providers and facilities to recognize and respond to consumer rights. There are a variety of patient's bills of rights, resident's bills of rights, etc., with language varying from place to place. Perhaps most common is the bill of rights for hospital patients, which is increasingly provided to patients on admission and posted in various places in the facility.

While such bills of rights express important principles related to quality of care and patient's right to be informed of, approve, or disapprove particular treatment, remember that they only *supplement* the regulations governing the operation of facilities and the conduct of certified, registered, and licensed professionals in a particular state. Those regulations may carry a higher, more specific standard, and specific consequences for violations.

Patient's Bill of Rights

In New York State, there is an official "Patient's Bill

of Rights," overseen by the NYS Health Department, reprinted in Appendix C. It details 17 specific rights for patients in hospitals in this state.

Health care proxy

There is an additional important right related to your health care, the right to decide in advance how your health care should be handled if you become unable to make such decisions for yourself.

Effective January 1992, New York State's Health Care Proxy Law explains and details how you can arrange to have someone you trust make such decisions for you, in the manner you would choose if you were able. In this State, this allows a more specific and immediate way to cover your wishes than a living will does, although both can work together. In Appendix E, you will find "Questions and Answers About the Health Care Proxy Law," and a copy of a proxy form with instructions.

The rights above reflect respectful care but, most especially, reflect that it is the *patient's* health care. The patient is in control of and fully involved in his or her care, and is not just the passive recipient as in earlier times (provided that the patient is found to be competent, and does not pose a danger to self or others; in either of those instances, some care can be mandated).

Tips on Making the System Work for You

People tend to "tune out" pretty quickly on the whole health care scene because its massive size, complexity, and power trigger feelings of powerlessness. Dealing with a big bureaucratic system can be daunting since they are built to be big and to serve large numbers of people in very, very similar ways.

Actually, the health care system is less a single system than a collection of little different bureaucratic organizations and assorted individuals. Often times, the people in those organizations feel as frustrated as you do, because they realize that some things are not only poorly organized, but downright counter to common sense and productivity.

Many have far more work than they could reasonably be expected to handle, and seldom have time to enjoy the "people" part of the job which may have initially attracted them to such careers. All too often one part doesn't have any idea what the other part is doing.

They can handle the majority of average simple cases relatively well by following routine procedures. However, more complex cases and personal needs are minimized or not handled unless *YOU* direct attention to the uniqueness of the case. That's your number one assignment (and, yes, yet another reason for the importance of having a primary care provider).

It's helpful to actually anticipate where things are likely to go wrong in this context of sometimes organized chaos. Follow up with your provider yourself with a reminder phone call to check on a lab result, or to ask what *specifically* that medication is, why they're giving it to you, and what the possible side effects are. The last thing in the world that a bureaucracy likes, however, is to be challenged, and since many people have learned this along the way, they are afraid to ask any question for fear of reprisal.

It's very helpful to read and reread the above list of rights guaranteed to you before you get health care, because it can help you become clear and confident on insisting that your rights are honored. It's also very helpful to rely on your common sense, because many of the things that work well with consumers are the very same things that are appreciated by, and effective with, health care professionals (who, after all, are people too). For instance:

- ◆ Be respectful and courteous (and expect the same in return).
- ◆ Greet the provider with appropriate warmth, by name.
- ◆ Make a personal connection in the usual way, as appropriate, whether by a comment on the weather or the busy day (our own anxiety about the visit can often make us abandon this natural part of our beings).
- ◆ Recognize the value of your time and the provider's, by being prepared for the visit. It can be very helpful to talk things through with a friend or family member in advance, to get clear on your needs.
- ◆ Make a list of questions or information points in advance to read or show to the provider. This is important for telephone calls too.
- ◆ Consider bringing a friend or family member with you for emotional support, helping you remember and understand the instructions and follow through, etc. CAUTION - avoid any impression that this person is there as an expert or a witness or in any way a challenge to the provider (unless you intend otherwise).
- ◆ Clearly communicate your interest in doing whatever is necessary for your health to improve. This does not mean doing something you don't believe is right for you; it just means you're actively interested and will carry your own weight.
- ◆ Listen to the provider's instructions or comments all the way through, interrupting only if you're actually lost.
- ◆ To check accuracy, repeat back, in your own words, your sense of what you were told. How many of us have thought we understood until we got to the lobby or home, only to find that we couldn't explain it to someone else? Checking during the visit is easier on both you and your provider, and again communicates your earnestness.
- ◆ You may find it helpful to take notes as needed, or ask your provider if they will be giving you something written to reinforce your understanding at home.
- ◆ Demonstrate your commitment to your own health by following through on agreed upon care, and comment on what works or progress seen. One good way to guarantee difficulty is to quietly accept instructions for care you don't really agree with, and show up for the next visit not having changed anything. Far better to speak up at the first opportunity, so that a different approach can be worked out.
- ◆ Help the organization and its staff recognize and reinforce quality care and professional skill: be as quick to express thanks as to criticize, and consider special acknowledgement of especially good service (perhaps a note of thanks, a positive comment to the supervisor, or a letter to the facility).

When You're Not Satisfied

Since health care providers are people too, they reflect the same kinds of variety as other groups of folks. When you are not satisfied, take a moment to sort out the reason:

- ◆ Is a particular provider consistently inappropriate, disrespectful, or unskilled?
- ◆ Is there an unpleasant incident that is not damaging and can be attributed to a particularly stressful day for the provider?
- ◆ Does a provider seem to you to be unable to do the care, for whatever reason?

You are entitled to quality care in any event, but your assessment of the reason is important in deciding whether you will act, how, and where. While you might refuse any care from a provider who seems to be harmful or consistently inappropriate, you are likely to respond quite differently to an isolated instance from a previously appropriate provider.

In situations where there is no immediate danger or risk, it is generally wise to act at the lowest level to get the needed effect. This helps prevent overreacting and using your ace card too early, and also helps to maintain relationships and get results. For instance, perhaps you could talk directly to the provider, privately, and try to express your concern constructively and get things resolved. It would not be helpful to vent your frustration to that person's peer, or to someone they supervise. You might feel temporarily relieved but they don't have authority, the problem won't have changed, and attitudes will likely worsen.

If you are dissatisfied and need to register your concern, the next level would be that person's supervisor, verbally at first, making clear what was unacceptable and any necessary change. You can go up the ladder as far as necessary in this way, and at some point it may be necessary to put your concerns in writing. Be concise and specific, cite concrete examples of what was done or not done, identify any corrective action you feel necessary, and avoid per-

sonal labels and insults. You have the option of changing providers or facilities, but that might not be in your best interest if matters can be resolved otherwise without a break in continuity of your care.

Additional avenues of recourse include: the governing body or board of directors of the organization, if one exists; the governmental agency or accrediting body which certifies the organization or the individual; and the professional association to which the professional belongs. You may wish to seek legal counsel, or consultation with other health care professionals, at any point along the line to resolve the situation to your satisfaction. Whether or not the outcome changes, you are entitled to be heard.

When You Want to Learn More

There are a host of materials on health and health care resources at your local library, with experienced reference librarians happy to help you find what you need. Additional materials are included in the back of this module, and your health care provider can help you find others for your specific interests.

Often local health departments, hospitals, HMOs, clinics and other providers schedule information sessions and classes on particular topics, which are often free to the public. Another way to find out about such presentations, and related programs and support groups, is through the community calendar and billboard sections of your local newspaper.

Conclusion

You *can* successfully work your way through the health care maze, and even be fascinated at the same time, by breaking the system down into manageable, understandable pieces. Begin where you already have some comfort, whether with your current provider, school nurse, health teacher, or a friend or neighbor who's had good experiences with health care. Your first choice of a primary health care provider can help you on the road to taking active, comfortable, and confident charge of your health!

Sample Lesson 1: A Lifetime of Health

Goal: To develop a sense of the range of health conditions experienced by different people over the course of a lifetime

Outcome

Objective: Each learner will be able to describe overall health in terms of wellness, illness, and how those definitions are affected by individual circumstance.

**Instructional
Materials &**

Resources:

- ◆ Background information in this module on health and types of health needs
- ◆ Chalkboard or flip chart and markers
- ◆ Appendix D

Activities

Activity 1 Before covering the background information in this area, draw a long horizontal line across the board and label the ends "illness" and "wellness." Ask learners to come up with examples of different points along the line and tell you where to place them (very far into illness might be any hospital time for one, being in hospice to another; very far into wellness might be no major illness for one, or running marathons to another). *OR :*

Ask each learner to draw a picture of the self now, and a picture of their "ideal" healthy self. Discuss the differences, and realistic steps they can take to improve health toward their new pictures of selves.

Activity 2 Conduct a group discussion on how much our personal experience and perception affects our views of health, and how those views can change with information and discussion. Conclude the discussion with thoughts and opinions on the roles medical professionals play, as well as the value of self-care. Use Appendix D to instigate the discussion.

Sample Lesson 2: The World of Health Care

Goal: To develop a sense of the different types of health care available

Outcome

Objective: The group will identify various types of individuals and agencies that exist to provide health services, and how they are organized.

Instructional

Materials &

Resources: ♦ A number of copies of the local telephone book. (Perhaps have each learner bring in one.)

Activities

Activity 1 Have learners form small groups (2-3 per group), and provide each group a phone book (the combined listings, if available, or the yellow pages). Ask each group to find sources of health care in the listings, and to note what headings were most successful.

Activity 2 Have the whole group share what they learned, positive and negative, about the health care system in the process.

Activity 3 Ask learners to identify what would be an area of greatest interest, and invite in a representative(s) to speak to the group in a future class.

Sample Lesson 3: Regular Self-Examination for Health

Goal: To help learners become more knowledgeable and comfortable about self-examinations so that they will include them in their personal health care

Outcome

Objective: Each learner will be able to describe the importance of self-examination, and the basics of when and how it should be done.

**Instructional
Materials &**

Resources:

- ◆ Appendix B of this module (skin self-exam, testicular self-exam, and breast self-exam).
- ◆ Possibly an outside speaker to facilitate, assist, or present (a physician or nurse, perhaps a representative from the American Cancer Society or a nearby clinic or hospital).

Activities

- Activity 1** Ask learners how many have heard about these self-exams before, and how many already feel comfortable with the topic. Ask how many already are regular users of these techniques. Ask the group to identify the issues that can get in the way of regular self-exams, and any particular areas in which assistance or suggestions would be helpful.
- Activity 2** Present to the group the material on each of the procedures of self-examinations. Learners may be more comfortable divided into a male group and a female group for separate presentations. You may wish to arrange for two health care providers in this case.
- Activity 3** In the next session, check and see whether comfort and confidence about self-exams have increased, and whether anyone was able to use the techniques. Ask what else would help support their use, and reinforce their value.
- Activity 4** Have a chart in class to record completion of exams, and check periodically on completion and questions. Consider running a contest between men and women with prizes based on completion of self-exams.

Sample Lesson 4: Our Rights as Health Care Consumers

- Goal:** To familiarize learners with their rights as health care consumers
- Outcome Objective:** Each learner will be able to explain each right in the Health Care Consumer's Bill of Rights in the learner's own words.
- Instructional Materials & Resources:** ♦ Appendix C: New York's Health Care Consumer's Bill of Rights.

Activities

- Activity 1** Have learners form small groups, and assign two or three rights to each group. Ask them to read their part of the list and to identify what is unclear; what the right means to them; and what strikes them as most important about the right.
- Activity 2** Ask each group to present their findings to the whole group, adding clarification as needed.
- Activity 3** Ask the group's reaction to learning about these rights, and to identify any others that would be important to them in their health care.
- Activity 4** Ask learners to cite their previous experiences with health care, to the extent they are comfortable, and problem solve with the group what they could do differently next time.
- Activity 5** Ask learners to role play scenarios involving a patient and a health provider. For example, in a role play depicting a first meeting between a health care provider and a patient, the learner would first assume the role of the patient and then the part of the health provider. The role play could feature the questions that each player should ask during a first meeting.
- Activity 6** Have learners develop presentations on this topic to give to relatives, friends or a church group so that the knowledge is passed on to others while strengthened for learners. Presentation could be a speech in another language, role play, or other experiential approaches.

Sample Lesson 5: The 10 Top Ways to Get Sick

Goal: Through humor, to check learners' understanding of the material on self-care and prevention

Outcome

Objective: Each learner will be able to identify at least five different ways that individuals can promote or experience illness or injury.

**Instructional
Materials &**

Resources:

- ◆ newsprint or flip chart paper for each group (if consistent with learner comfort)
- ◆ prevention material from this module
- ◆ material from Appendices A and B

Activities

Activity 1 Have learners take a few minutes to think about and note "ways to get sick." Then have learners get together in small group "teams" for a lighthearted contest, and ask them to quickly come up with their group's top 10 ways to get sick.

Activity 2 Have the groups post and present, or verbally share for your posting, their team's entries.

Activity 3 Perhaps have the group pick its consensus on the top 10, or 10 funniest, ways, reinforcing learning points as appropriate.

APPENDIX A

Summary of American Cancer Society Recommendations for the Early Detection of Cancer in Asymptomatic People

Test or Procedure.	Population		
	Sex	Age	Frequency
Sigmoidoscopy	M & F	50 and over	Every 3 to 5 years, based on advice of physician.
Stool Guaiac Slide Test	M & F	Over 50	Every year
Digital Rectal Examination	M & F	Over 40	Every year
Pap Test	F	All women who are, or who have been, sexually active, or have reached age 18, should have an annual Pap test and pelvic examination. After a woman has had 3 or more consecutive satisfactory normal annual examinations, the Pap test may be performed less frequently at the discretion of her physician.	
Pelvic Examination	F		
Endometrial Tissue Sample	F	At menopause, women at high risk*	At menopause
Breast Physical Examination	F	20 - 40 Over 40	Every 3 years Every year
Mammography	F	35 - 39 40 - 49 50 and over	Baseline Every 1-2 years Every year
Health Counseling & Cancer Checkup**	M & F	Over 20 Over 40	Every 3 years Every year

* History of infertility, obesity, failure to ovulate, abnormal uterine bleeding, or estrogen therapy.
 ** To include examination for cancers of the thyroid, testicles, prostate, ovaries, lymph nodes, oral region, and skin.

APPENDIX B

Testicular Self- Examination (TSE)

Cancer of the testes is one of the most common cancers in men 15 to 34 years of age. If discovered in the early stages, this cancer can be treated effectively. To detect testicular cancer early, it is best to complete a simple three-minute self-examination every month.

- ◆ The best time to do a TSE is after a warm bath or shower, when the scrotal skin is most relaxed.
- ◆ Roll each testicle gently between the thumb and fingers of both hands.
- ◆ If you feel any hard lumps or nodules, you should immediately see a health professional who will make a diagnosis.

The symptoms of testicular cancer include a slight enlargement of one of the testes, a change in its consistency, and/or a dull ache in the lower abdomen and groin. This pain may be accompanied with a feeling of dragging and heaviness. Please also note that men who have an undescended or partially descended testicle are at a higher risk of developing testicular cancer.

APPENDIX B (CONT'D)

Skin Self-Examination (SSE)

Every year approximately 450,000 Americans are newly diagnosed with skin cancer. Although very common, it is also the easiest to detect and can be treated successfully. In addition to avoiding prolonged exposure to the sun, a key preventive step is conducting monthly skin exams.

- ◆ The best time for a SSE is after a bath or shower.
- ◆ Use a full-length mirror or hand-held mirror so that you can check the moles, blemishes, and birthmarks on your entire body. You should look for the ABCDs of each mark:
 - Asymmetry - do both halves of the mark match each other?
 - Border Irregularity - are the edges of the mark ragged, notched, or blurred?
 - Color - is the coloring of the mark even? Are there many shades of color?
 - Diameter - is the size of the mark larger than 6 millimeters (about the size of a pencil eraser) across? Has there been a sudden or continuing increase in the size?
- You should also be attentive to any sore that does not heal.
- ◆ Examine your body front and back, then right and left sides, arms raised.
- ◆ Bend elbows and look carefully at forearms and upper underarms and palms.
- ◆ Sit, if you're more comfortable, to look at the backs of your legs, and feet — including the spaces between the toes, and the soles of your feet.
- ◆ Examine the back of your neck and scalp. Use a mirror to help you see. Part hair and lift it to get a closer look.

Remember, if you conduct this examination regularly, you will know what is normal for your body. If you find something unusual or of question, be sure to consult a health professional immediately.

APPENDIX B (CONT'D)

Breast Self-Examination (BSE)

With improved technology and procedures, the risk of breast cancer has been somewhat diminished. However, this type of cancer is still life-threatening, and steps for preventing it should be adhered to regularly. For women, these steps include mammograms, clinical examinations, and self-examinations, depending on age. Since men can also get breast cancer, they too should perform monthly breast examinations on themselves.

Step 1. Inspection: in front of a well-lit mirror, look at your breast. Turn from side to side as you are looking.

First, you should stand with your arms relaxed at your sides to look for:

- any change in the size and shape of the breast,
- puckering or dimpling of the skin,
- change in the nipple, or in the direction of the nipple,
- drainage.

Next, stand with your arms held over your head. Check to see if breasts move up and down together. Lift your breasts to look for sores or dimpling.

Now stand with your hands on your hips, and press in to tighten your chest muscles. Turn from side to side to view all areas of your breast. Note any dimpling or puckering of the skin.

Step 2. Palpation or Feeling: use the flat surface or fat pads of the 3 middle fingers to conduct this exam.

To check your right breast, put your right hand behind your head, and press firmly on the breast using small circular motions. Begin by making a circle around the outer area of the breast, and gradually move toward the nipple by making smaller and smaller circles. Reverse for the left breast.

You should also examine your underarm area with your arm held loosely at your side. Cup the fingers of the opposite hand and insert them high into the underarm area. Draw fingers down slowly, pressing in a circular pattern and covering all areas. Do both underarms.

You may find it easier to do this examination in the shower or bath or even lying down. It is important, using any of these exams, to note changes from your last exam and report them to your health professional.

APPENDIX C

Patient's Bill of Rights

As a patient in a hospital in New York State, you have the right, consistent with law, to:

- 1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- 2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
- 3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- 4) Receive emergency care if you need it.
- 5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- 6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- 7) A no-smoking room.
- 8) Receive complete information about your diagnosis, treatment and prognosis.
- 9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- 10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders - A Guide For Patients and Families."
- 11) Refuse treatment and be told what effect this may have on your health.
- 12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- 13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- 14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- 15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- 16) Receive an itemized bill and explanation of all charges.
- 17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.

APPENDIX D

*"The doctor of the future will
give no medicine but will
interest his patients in
the care of the human frame,
in diet, and in the cause and
prevention of disease."*

Thomas Edison

*"You, the individual, can do more for your health
and well-being than any doctor, any hospital,
any drug and any exotic medical device."*

Joseph Califano

APPENDIX E

Health Care Proxy

The following pages are from a New York State Department of Health publication entitled "Appointing Your Health Care Agent - New York State's Proxy Law." (1991) They are reprinted as formatted by the office of Assemblyman Ron Canestrari.

Questions & Answers About the Health Care Proxy Law

What is a Health Care Proxy?

The Health Care Proxy Law lets you appoint someone to make decisions about medical treatment in the event you can't decide for yourself — including decisions to remove or continue life-sustaining treatment. You can appoint someone — often a family member or close friend — by completing a Health Care Proxy.

The person you select is known as your health care agent. You can give him or her as little or as much authority as you want. The health care agent can decide about all or only specific health care treatments. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.

Hospitals, doctors, and other health care providers must follow your agent's decisions as if they were your own. To ensure doctors carry out your health care wishes, you can give your agent instructions that he or she must follow. The agent can also decide how your wishes apply as your medical condition changes.

Why should I choose a health care agent? If you become too sick to make health care decisions, someone must decide for you. Doctors often look to family members for guidance.

But family members aren't allowed to stop treatment when there isn't a living will or other proof that it's what *you* would choose. The health care proxy remedies this, letting you control your medical treatment by:

- choosing one person — even a non-family member if you feel it's best — to make decisions for you;
- avoiding conflict or confusion and ensuring your wishes are correctly carried out; and
- giving your agent the power to stop treatment when he or she decides it's what you would want or what is best for you under the circumstances.

When would my agent make treatment decisions? After your doctor decides you are unable to make your own health care decisions, your agent would become involved. As long as you can make decisions for yourself, you have the right to do so.

What decisions can my health care agent make? Unless you limit your agent's authority, he or she can make any treatment decisions you could make. Your agent can:

- agree that you should receive treatment;

■ choose among different treatments; and

■ decide that treatments should not be provided, in accord with your wishes and interests.

Your agent must be aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), or he or she will not be able to make these decisions.

How will my health care agent make decisions? Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. Written instructions can be put on the proxy form. For example, you could say:

- If I become terminally ill, I do/don't want to receive the following treatments . . .
- If I'm in a coma or unconscious, with no hope of recovery, then I do/don't want . . .
- If I have brain damage or a brain disease making me unable to recognize people or speak — and there is no hope my condition will improve — I do/don't want . . .

Examples of some medical treat-

ments you may wish to give instructions on are listed below. You may wish to talk about other treatments.

- artificial respiration
- artificial nutrition & hydration (food & water by a feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- psychosurgery
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

If your wishes or beliefs are unknown, your agent is legally required to act in your best interest.

Who will obey my agent? All hospitals, doctors, and other health care facilities are legally required to follow your agent's decisions. If a hospital objects to some treatment options (such as removing certain treatments) they must tell you or your agent in advance.

Otherwise, health care providers will make treatment decisions following your health care proxy instructions. Any instructions written on your proxy form will be used as a guide.

How can I appoint a health care agent? All competent adults can appoint a health care agent by signing a form called a Health Care Proxy.

Talk about choosing an agent with your family and close friends. Discuss this form with your agent, doctor or health care professional before signing. This will help you understand decisions that may be made for you. If you select a doctor, he or she may have to choose between acting as your agent or as your attending physician. A physician cannot do both at the same time.

You can appoint an alternate agent in the event your health care agent isn't available — or is unable to act when decisions must be made. You don't need a lawyer, just two adult witnesses. You can use the form printed here if you wish.

For patients or residents of a hospital, nursing home or mental hygiene facility, special restrictions apply when naming someone as your agent who works for that facility. Ask the facility staff to explain those restrictions.

What if I change my mind about my agent or treatment instructions? Just fill out a new form and destroy the old form.

A Health Care Proxy is valid indefinitely unless you revoke it, set an expiration date or other conditions for

its expiration. This section is optional and should only be filled in if you want the health care proxy to expire on a specified date or if certain events occur. If your spouse is your agent — and you get divorced or legally separated — the proxy is automatically cancelled.

Can my health care agent be sued for decisions made on my behalf? No. Your agent will not be liable for treatment decisions made in good faith. As your agent, he or she can't be held liable for your health care costs.

Is a health care proxy the same as a living will? No. A "living will" provides specific instructions about health care treatment. It's generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

Filling out the proxy form. Two witnesses at least 18 years old must sign your proxy. The agent or alternate agent can't sign as a witness.

Where should I keep my proxy? Give a copy to your agent, doctor and other family members or close friends you want to have it. Keep a copy with your important papers.

Health Care Proxy Form

1) I, _____ hereby appoint _____
(name, address and phone number)
as my health care agent to make any
and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become
unable to make my own health care decisions.

2) Optional instructions: I direct my proxy to make health care decisions in accord with my wishes and limitations as stated
below, or as he or she otherwise knows. (Attach additional pages if necessary.)

*(NOTE: Unless your agent knows your wishes about artificial nutrition and hydration [feeding tubes], your agent will not be allowed to make decisions about artificial
nutrition and hydration. See the Questions & Answers section for samples of language you could use.)*

3) Name of substitute or fill-in proxy if the person I appoint above is unable, unwilling or unavailable to act as my health care
agent. (optional)

(name)

(Substitute's home address and telephone number)

4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall
expire (specific date or conditions, if desired): _____

5) _____
(Your Signature)

(Your Address)

(Date)

Statement by witnesses (must be 18 or older)

*I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed
(or asked another to sign for him or her) this document in my presence.*

Witness 1 _____ Address _____

Witness 2 _____ Address _____

APPENDIX F

State of New York Offices of Mental Health

Central Office:

44 Holland Avenue
Albany, NY 12229
(518) 474 - 2568

Regional Offices:

Central New York
545 Cedar Street
Syracuse, NY 13210
(315) 428 - 4542

Long Island
P.O. Box 600
West Brentwood, NY 11717
(516) 434 - 5311

Hudson River
Hudson River Psychiatric Center
Branch B
Poughkeepsie, NY 12601
(914) 452 - 1540

New York City
275 Seventh Avenue
16th Floor
New York, NY 10001
(212) 633 - 4303

Western New York
570 Forest Avenue
Buffalo, NY 14222
(716) 885 - 5014

GLOSSARY

Accreditation	formal approval given to a hospital or other health care facility for meeting voluntary standards of quality.
Catastrophic Coverage	health insurance coverage that will provide for your needs if you suffer a major illness or injury requiring major, long-term care.
Chiropractor	doctor and physician of chiropractic medicine, approaching health through the spine and central nervous system, using a variety of drugless approaches.
Consumer's Bill of Rights	guarantees specific rights to consumers of health care, including the rights to refuse care, and to seek a second opinion (see Appendix C for full list).
Dental Hygienist	professional who, under the supervision of a dentist, performs a variety of services to promote good oral hygiene and healthy teeth and gums, including teaching patients self-care and cleaning teeth.
Doctor	term of address with many uses; often thought the same as physician or medical doctor, it really means anyone who has any doctoral academic degree. It could be a degree in medicine, or nursing, or history. In health care it is very important to also see the person's NYS license and registration as a health care professional.
Gynecologist	doctor of medicine who specializes in women's health care, focusing on the reproductive organs.
Internist	doctor of medicine who specializes in "internal medicine," evaluating and treating conditions of internal organ systems.
Medicaid	state program of medical care coverage to persons of low income and resources.
Medicare	Federal program of medical care coverage to persons who are drawing social security.
Nurse Practitioner	registered professional nurse with additional specialized training and licensure for advanced practice, which can include providing prescriptions for medications.
Obstetrician	physician who specializes in the care of pregnant women, and in the delivery of their babies.
Ophthalmologist	medical doctor who specializes in eye care.
Optometrist	doctor of optometry, who provides a range of eye care including exams and prescribing corrective lenses.
Pediatrician	physician who specializes in the care of children.

Physician	term used to refer to the doctors who are degreed <i>and</i> licensed to provide care in allopathic medicine (medical, MD), osteopathic medicine (DO), or chiropractic medicine (DC).
Prenatal Care	health assessment, care and education provided to pregnant mothers to promote healthy development of baby and optimum health for the mother during pregnancy, and in preparation for birth.
Preventive Care	those steps in health care, by self or by others, that form the basis for good health, keep problems from starting, and correct any that do start as early as possible.
Primary Health Care Provider	the health care professional or team that is your main source of care, who can help you coordinate other needed health services and referrals.
Routine Child Care	health assessment and care for growing children that includes physical exams, immunizations against childhood illnesses necessary before entry to school, and assistance with parents' questions about child care and development.
Self-care	the health care activities a person does to maintain personal health and prevent illness, including nutrition and exercise, dental hygiene, and regular self-examination.
Well-Baby Care	health assessment and care automatically following birth, including weighing, checking diet, body functions, reflexes, and other signs of development, and providing help with parents' questions on baby care.

RESOURCES

Toll-Free Phone Numbers

- 1-800-822-2762 The American Academy of **Allergy and Immunology** can send you free pamphlets on allergy and asthma. The operators at its toll-free number can also refer you to a specialist in your area.
- 1-800-433-5959 National **Mental Health** Association, Gurnee, IL. Call this organization for information on mental health topics.
- 1-800-IM-AWARE The Komen Alliance, Dallas, TX. Call for information regarding **breast cancer** risk evaluation and prevention.
- 1-800-821-6671 The National Council Against **Health Fraud**, Kansas City, MO. Call for information regarding fraudulent health practice or quackery, as well as a variety of health topics.
- 1-800-336-4797 National **Health Information** Center, Washington, D.C. Call this government service agency for recorded messages on AIDS, Lyme Disease, Cancer, Medicare and Medicaid, health insurance sources, and publications. Information specialist also available.
- 1-800-638-8480 The National Library of **Medicine**, Rockville, MD. Call for computer access to medical literature and information retrieval systems.
- 1-800-638-6833 The **Medicare** hot line. Call for information on Medicare. Operator returns calls during regular working hours.
- 1-800-AL-CALLS Referrals on **alcohol and drug treatment** in New York State.
- 1-800-342-3729 NY State Education Department - Professional Licensing - Customer Service Unit. Call to verify license and status of various professionals certified, registered, or licensed by that agency.

New York State Department of Health

- 1-800-542-2437 AIDS Drug Assistance Program
- 1-800-962-5065 AIDS HIV Counseling/Testing Hot Line
- 1-800-332-3742 EPIC (Elderly Pharmaceutical Insurance Coverage)
- 1-800-522-5006 Growing Up Healthy
- 1-800-233-7432 SIDA (Spanish Speaking Only)
- 1-800-525-2521 WIC (Women, Infants, and Children)
- 1-800-555-1212 Call this information operator to determine if another specific organization has a toll-free number.

Additional Resource Organizations and Services

Consumer Complaints (NY)
Bureau of Consumer Frauds and Protection
518-474-5481

NYS Department of Health Health Promotion Publications

This free catalog of publications and materials includes pamphlets, posters, comic books, booklets, and some kits in English, Spanish, and other languages. It is available free to in-state residents by calling (518)474-5370, or writing to:

Publications
NYS Department of Health
Box 2000
Albany, NY 12220

Protection and Advocacy for Developmentally Disabled Persons; Mentally Ill Individuals; Client Assistance Program for Consumers of Vocational Rehabilitation Services

1. NYS Commission on Quality of Care
99 Washington Avenue
Albany NY 12210
518-473-7995 212-804-1640
TTY Albany 518-473-7871
2. Foundation for Long Term Care, Inc.
194 Washington Avenue
Albany NY 12210
518-449-7873

Recent news in women's health care is available in a newsletter published by:

National Women's Health Network
1325 G Street NW (Lower Level)
Washington, DC 20077-2052

Support Groups, as mentioned in this module:

Sickle Cell Disease Foundation of Greater NY
127 West 127th Street, Room 421
New York, NY 10027
(212) 865-1500

Amyotrophic Lateral Sclerosis Association (ALSA)
Lou Gehrig's Disease
21021 Ventura Boulevard, Suite 321
Woodland Hills, CA 91364
(818) 340-7500

American Cancer Society
(See your telephone directory for your local branch.)
Albany County Unit
1450 Western Avenue
Albany, NY 12203
(518) 438-7841

AIDS Council of Northeastern New York
88 Fourth Ave.
Albany, NY 12202
(518) 434-4686

Magazines and Articles of Interest

American Health

Consumer's Digest

Prevention

Modern Maturity (from the American Association of Retired Persons, AARP) Also - AARP, in conjunction with the Federal Trade Commission, puts out a guide to consumer health care that is clear, concise reading.

Natural Health

Vegetarian Times

Vitality

"The 10 Most Serious Health Problems Threatening Blacks," *Ebony*, November 1991, Vol. 47, Issue 1, p. 120, 3pp.

"Complete guide to quality long-term health care," *Consumer's Digest*, Nov/Dec. '90, Vol. 29, Issue 6, p. 22, 6pp.

"Why Doctors are still so difficult— and what you can do about it," *Cosmopolitan*, Mar. '92, Vol. 212, Issue 3, p. 206, 4pp. (re: building relationship with a doctor, changing doctors, etc.)

"10 tips for getting better health care," *New Choices*, Dec. '91/Jan. '92, Vol. 31, Issue 11, p. 16, 1p.

"Getting through the health care maze," *Weight Watchers*, Oct. '91, Vol. 24, Issue 10, 3pp. (re: insurance)

"12 Ways to cut your hospital bill," *USA Today*, Oct. '91, Vol. 120, Issue 2557, p.13.

"Aaarrrghh!" *American Health*, Jul/Aug. '91, Vol. 74, Issue 8, p.10, 5pp. (re: saving money, getting the best from your coverage; COBRA; self-insurance; etc.)

Books

- . *Healthy Questions: How to Talk to and Select Physicians, Pharmacists, Dentists, and Vision Care Specialists*. Washington, D.C.: American Association of Retired Persons and Federal Trade Commission, 1985.
- Boston Women's Health Book Collective. *(The New) Our Bodies, Ourselves, A Book By and For Women*. New York: Simon and Schuster, 1984. (Extensive, detailed information on all kinds of health topics, conditions, and treatment, as well as self-care, alternative approaches, the politics of health care, contraceptive and reproductive health care)
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